

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-03-2693.M2**

February 13, 2003

Re: Medical Dispute Resolution
MDR #: M2.03.0493.01
IRO Certificate No.: 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Clinical History:

No clinical history was provided other than that of the patient's injury occurring on _____. Available for review was an MRI of the cervical spine done 09/13/99, showing minor degenerative disc changes at C4-5 and C5-6, and facet changes. A normal cervical myelogram report dated 06/05/00. CAT scan with contrast, post myelogram, revealed midline disc bulge at C3-4 with slight indentation on the thecal sac; midline disc bulge at C4-5 with no disc herniation. An MRI of the cervical spine done on 05/14/01 shows vertebral body hemangioma, minimal spondylolysis at C3-4, minimal posterolateral disc bulge at C5-6 and C6-7.

Disputed Services:

MRI

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that an MRI is not medically necessary in this case.

Rationale for Decision:

The patient has undergone sufficient testing to delineate his problem.

Another MRI is, simply, not medically necessary at this time.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on February 13, 2003.

Sincerely,